FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

201 ALHAMBRA CIRCLE SUITE 1200

CORAL GABLES FL 33134-5198

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085954 (4)

D H K CORPORATION

Principal Place of Business

201 ALHAMBRA CIRCLE

CORAL GABLES FL 33134

SIGNATURE:

SUITE 1200

							3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1996	
2. Principal Pl	lace of Business	2a. Ma	a. Mailing Address				4. FEI Number Applied For	
21		26	¬ ·				65-0453515 Not Applicable	
Suite, Apt.	#, etc.	 	Suite, Apt #, etc.				5. Certificate of Status Desired Section Secti	
City & State	3		City & State					
- ·		 	1 ^				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Z (p)	Country	28 	Zip Country					
24	25	29	,	30	, t. y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
[24]		∠8 is of Current Registere	d Agent	1301			10. Name and Address of New Registered Agent	
GORDON, HOWARD W					81 Name			
201 ALHAMBRA CIRCLE					82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1200					83			
CORAL GABLES FL 33134]'	03			
				l l	84 City 85 Zip Code			
							FL S 250 COOC	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE:	Signature, typed or printed name	of registered agent and title if ap-	dicable (NO	F: Applishmed	Ane	ni signatura regui	ulred when re-instating) DATE	
12.		FICERS AND DIRECTO		13.		ra o-gradus depo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	D		DELETE	1.1 TITL	LE		Change Addition	
NAME	KURLAND, BERTRAI	VI		1.2 NAN				
ACCOUNT ON THE PRINT OF A PER CACA						ADDRESS	·	
ANTARIDA EL COCCO						į.		
CITY-ST-ZIP TITLE	D	<u> </u>	DELETE	1.4 CITY 2.1 TITL		I - ZIP	Change Addition	
	KURLAND, MILDRED	\					Undergo I manifor	
NAME	20281 E COUNTRY			2.2 NAM				
STREET ADDRESS						ADDRESS	i i i i i i i i i i i i i i i i i i i	
CITY-ST-ZIP	AVENTURA FL 3318	<u> </u>	T DELETE	2.4 CIT		IT-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	31 TITL			Change Addition	
NAME				32 NA				
STREET ADDRESS				33 STR	REET	ADDRESS		
CITY-ST-ZIP				3.4. CIT		ST-ZIP		
THILE			☐ DELETE	4.1 TITU	LE		Change Addition	
NAME				4 2 NA	ME	·		
STREET ADDRESS				4.3 STR	REET	ADDRESS		
CITY-ST-ZIP				4.4 CIT	Y-5	T-ZIP		
TITLE			☐ DELETE	51 TITL	LE		Change Addition	
NAME				5 2 NAM	ME			
STREET ADDRESS				53 STR	REET	ADDRESS.		
CITY-ST-ZIP				54 CITY	Y-8	T-ZIP		
TITLE			DEFELE	6.1 TI3L			Change Addition	
NAME				62 NAM	ME	1		
STREET ADORESS				6.3 STR	REFT	ADDRESS		
CITY-ST-ZIP				64 CIT		t		
	by certify that the informa	tion supplied with this fi	ling does not qual				ed in Section,119.07(3)(i), Florida Statutes, I further certify that the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section,119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.								